



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CE Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="751792.90"/>	<input type="text" value="751792.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="751792.90"/>	<input type="text" value="751792.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="539572.90"/>	<input type="text" value="539572.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="212220.00"/>	<input type="text" value="212220.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="225664.06"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CE Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	751792.90	751792.90
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	751792.90	751792.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	751792.90	751792.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	751792.90	751792.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	751792.90	751792.90

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	113992.90	113992.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	113992.90	113992.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250000.00	250000.00
24. Independent Expenditures (use Schedule E) .....	145580.00	145580.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	30000.00	30000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	539572.90	539572.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	539572.90	539572.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	751792.90	751792.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	751792.90	751792.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	113992.90	113992.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	113992.90	113992.90

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Update Schedule D and Schedule E

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Fahr LLC**

Mailing Address 351 California Street, Suite 1200

City	State	Zip Code
San Francisco	CA	94104

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1792.90

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	31	/	2013

**Transaction ID : NONA157**

Amount of Each Receipt this Period  
1792.90

In-kind contribution: Travel Expenses; 3/31 - 4/2

Full Name (Last, First, Middle Initial)  
**B. Thomas F. Steyer**

Mailing Address One Maritime Plaza, Suite 2100

City	State	Zip Code
San Francisco	CA	94111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Next Generation	Co-founding Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	19	/	2013

**Transaction ID : INCA1**

Amount of Each Receipt this Period  
750000.00

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	751792.90
<b>TOTAL</b> This Period (last page this line number only).....▶	751792.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CE Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fahr LLC**

Mailing Address 351 California Street, Suite 1200

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
In-kind contribution: Travel Expenses; 3/31 - 4/2

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2013

**Transaction ID : NONB157**

Amount of Each Disbursement this Period

1792.90

Full Name (Last, First, Middle Initial)

**B. Sadler Strategic Media, Inc.**

Mailing Address 12103 Viewcrest Road

City Studio City State CA Zip Code 91604

Purpose of Disbursement  
Aerial Banners

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

24A  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : EXPB19**

Amount of Each Disbursement this Period

49700.00

Full Name (Last, First, Middle Initial)

**C. Sadler Strategic Media, Inc.**

Mailing Address 12103 Viewcrest Road

City Studio City State CA Zip Code 91604

Purpose of Disbursement  
Aerial Banners

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

007  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : EXPB26**

Amount of Each Disbursement this Period

7500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

58992.90

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : EXPB19

Payment made in current period and disseminated in subsequent period

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CE Action Committee**

Full Name (Last, First, Middle Initial)

**A. Winning Connections, Inc.**

Mailing Address 317 Pennsylvania Ave., SE,  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Robocalls

24A  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : EXPB23**

Amount of Each Disbursement this Period

55000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

55000.00

113992.90

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : EXPB23

Payment made in current period and disseminated in subsequent period

Form/Schedule:

Transaction ID:

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CE Action Committee**

Full Name (Last, First, Middle Initial)

### A. LCV Victory Fund

Mailing Address 1920 L Street, NW, Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**LCV Victory Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

Transaction ID : EXPB30

Amount of Each Disbursement this Period

250000.00

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

250000.00

**TOTAL** This Period (last page this line number only)..... ▶

250000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CE Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Values Network**

Mailing Address 1901 North Ft. Myer Drive,  
Suite 900

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Civic Donation for Issue Advocacy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : EXPB29**

Amount of Each Disbursement this Period

30000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30000.00

30000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Adams , Thomas</b>	Nature of Debt (Purpose): Consulting Services for Media, Field Campaign, and General Campaign Strategy
Mailing Address 176 Valdeflores Drive	
City State Zip Code Burlingame CA 94010	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD17</b>	
Amount Incurred This Period 7500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Barnes Mosher Whitehurst Lauter &amp; Partners, Inc.</b>	Nature of Debt (Purpose): Consulting for Campaign Field Work
Mailing Address 660 Mission St., 2nd Floor, Ste 200	
City State Zip Code San Francisco CA 94105	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD33</b>	
Amount Incurred This Period 6250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Barnes Mosher Whitehurst Lauter &amp; Partners, Inc.</b>	Nature of Debt (Purpose): Consulting for Campaign Field Work
Mailing Address 660 Mission St., 2nd Floor, Ste 200	
City State Zip Code San Francisco CA 94105	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD145</b>	
Amount Incurred This Period 3125.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3125.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	16875.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Benenson Strategy Group, Inc.</b>	Nature of Debt (Purpose): Polling
Mailing Address 720 South Colorado Blvd., Suite 500N	
City State Zip Code Denver CO 80246	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD31</b>	
Amount Incurred This Period 27150.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 27150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Benenson Strategy Group, Inc.</b>	Nature of Debt (Purpose): Travel & Expenses
Mailing Address 720 South Colorado Blvd., Suite 500N	
City State Zip Code Denver CO 80246	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD139</b>	
Amount Incurred This Period 9092.29	Payment This Period 0.00	Outstanding Balance at Close of This Period 9092.29

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Benenson Strategy Group, Inc.</b>	Nature of Debt (Purpose): Focus Group Management
Mailing Address 720 South Colorado Blvd., Suite 500N	
City State Zip Code Denver CO 80246	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD140</b>	
Amount Incurred This Period 31615.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 31615.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	67857.29
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Industries, LLC</b>	Nature of Debt (Purpose): Consulting Services for Campaign Field Work; 3/22 - 4/24
Mailing Address 1501 Dempster Street	
City State Zip Code Evanston IL 60201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD127</b>	
Amount Incurred This Period 15000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Industries, LLC</b>	Nature of Debt (Purpose): Poster production for press event
Mailing Address 1501 Dempster Street	
City State Zip Code Evanston IL 60201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD128</b>	
Amount Incurred This Period 45.15	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Industries, LLC</b>	Nature of Debt (Purpose): Shipping
Mailing Address 1501 Dempster Street	
City State Zip Code Evanston IL 60201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD129</b>	
Amount Incurred This Period 194.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 194.46

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	15239.61
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Industries, LLC</b>	Nature of Debt (Purpose): Travel Expenses
Mailing Address 1501 Dempster Street	
City State Zip Code Evanston IL 60201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD130</b>	
Amount Incurred This Period 141.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 141.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DGA Productions</b>	Nature of Debt (Purpose): Camera Rental for Press Conference
Mailing Address 50 Hunt Street	
City State Zip Code Watertown MA 02472	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD34</b>	
Amount Incurred This Period 1351.13	Payment This Period 0.00	Outstanding Balance at Close of This Period 1351.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lehane, Erin</b>	Nature of Debt (Purpose): Press Consulting
Mailing Address 2247 Clay Street	
City State Zip Code San Francisco CA 94115	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD172</b>	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3992.33
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lehane, Erin</b>	Nature of Debt (Purpose): Travel Expenses
Mailing Address 2247 Clay Street	
City State Zip Code San Francisco CA 94115	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD173</b>	
Amount Incurred This Period 1860.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1860.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lehane, Erin</b>	Nature of Debt (Purpose): Press Consulting
Mailing Address 2247 Clay Street	
City State Zip Code San Francisco CA 94115	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD174</b>	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lehane, Erin</b>	Nature of Debt (Purpose): Travel Expenses
Mailing Address 2247 Clay Street	
City State Zip Code San Francisco CA 94115	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD175</b>	
Amount Incurred This Period 492.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 492.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	4852.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mark Fabiani, LLC</b>	Nature of Debt (Purpose): Consulting for Media, Field Campaign and General Campaign Strategy
Mailing Address 939 Coast Blvd., Suite 4D	
City State Zip Code La Jolla CA 92037	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD46</b>	
Amount Incurred This Period 12500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Markham Group, LLC</b>	Nature of Debt (Purpose): Consulting for Press, Media & Messaging Management
Mailing Address 1000 West 3rd Street	
City State Zip Code Little Rock AR 72201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD15</b>	
Amount Incurred This Period 38100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 38100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Tigercomm</b>	Nature of Debt (Purpose): Consulting for Press, Media & Messaging Management, and Website Content; 3/1 - 3/31
Mailing Address 1901 N. Fort Myer Drive, Suite 850	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD148</b>	
Amount Incurred This Period 32000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	82600.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CE Action Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Tigercomm</b>	Nature of Debt (Purpose): Consulting for Press, Media & Messaging Management, and Website Content; 4/1 - 4/30
Mailing Address 1901 N. Fort Myer Drive, Suite 850	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD151</b>	
Amount Incurred This Period 28800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 28800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Tigercomm</b>	Nature of Debt (Purpose): Travel Expenses for Press Events
Mailing Address 1901 N. Fort Myer Drive, Suite 850	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD152</b>	
Amount Incurred This Period 2247.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 2247.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Tigercomm</b>	Nature of Debt (Purpose): Consulting for Press, Media & Messaging Management, and Website Content
Mailing Address 1901 N. Fort Myer Drive, Suite 850	
City State Zip Code Arlington VA 22209	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD163</b>	
Amount Incurred This Period 3200.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3200.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	34247.83
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	225664.06
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	225664.06





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00542779
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Campaign Industries, LLC</b> <b>[MEMO ITEM]</b>		Date MM / DD / YYYY 03 / 22 / 2013
Mailing Address 1501 Dempster Street		Amount 45.15
City Evanston	State IL	Zip Code 60201
Purpose of Expenditure Poster production for press event	Category/ Type 24A	<b>Transaction ID : PDTE25</b> Office Sought: <input type="checkbox"/> House    State: MA <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify)    Special 2013
Calendar Year-To-Date Per Election for Office Sought		266845.81

Full Name (Last, First, Middle Initial) of Payee <b>Campaign Industries, LLC</b> <b>[MEMO ITEM]</b>		Date MM / DD / YYYY 03 / 22 / 2013
Mailing Address 1501 Dempster Street		Amount 141.20
City Evanston	State IL	Zip Code 60201
Purpose of Expenditure Travel Expenses	Category/ Type 24A	<b>Transaction ID : PDTE26</b> Office Sought: <input type="checkbox"/> House    State: MA <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify)    Special 2013
Calendar Year-To-Date Per Election for Office Sought		266845.81

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas Adams*  
Signature

[Electronically Filed]    Date    MM / DD / YYYY  
09 / 26 / 2013







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00542779
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Sadler Strategic Media, Inc.</b>		Date MM / DD / YYYY 04 / 01 / 2013
Mailing Address 12103 Viewcrest Road		Amount 22940.00
City Studio City	State CA	Zip Code 91604
Purpose of Expenditure Video Mobile Billboards	Category/ Type 24A	<b>Transaction ID : EDTEALC4</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Office Sought: <input type="checkbox"/> House    State: MA <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 266845.81		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify)    Special 2013

Full Name (Last, First, Middle Initial) of Payee <b>Tigercomm</b> <b>[MEMO ITEM]</b>		Date MM / DD / YYYY 03 / 15 / 2013
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 4800.00
City Arlington	State VA	Zip Code 22209
Purpose of Expenditure High Noon Letter	Category/ Type 24A	<b>Transaction ID : PDTE39</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Office Sought: <input type="checkbox"/> House    State: MA <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 266845.81		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify)    Special 2013

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	22940.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas Adams*  
Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
09 / 26 / 2013







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00542779
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Tigercomm</b> <b>[MEMO ITEM]</b>		Date MM / DD / YYYY 03 / 27 / 2013
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 8000.00
City Arlington	State VA	Zip Code 22209
Purpose of Expenditure Aerial banners design & pitch	Category/ Type 24A	Office Sought: <input type="checkbox"/> House    State: MA <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 266845.81		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify)    Special 2013

**Transaction ID : PDTE37**

Full Name (Last, First, Middle Initial) of Payee <b>Tigercomm</b> <b>[MEMO ITEM]</b>		Date MM / DD / YYYY 04 / 01 / 2013
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 3200.00
City Arlington	State VA	Zip Code 22209
Purpose of Expenditure Pitch for YouTube Ads	Category/ Type 24A	Office Sought: <input type="checkbox"/> House    State: MA <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 266845.81		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify)    Special 2013

**Transaction ID : PDTE43**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas Adams*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
09 / 26 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CE Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00542779
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Tigercomm</b>		Date MM / DD / YYYY <b>04 / 10 / 2013</b>
[MEMO ITEM] Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <b>9600.00</b>
City Arlington	State VA	
Zip Code 22209	<b>Transaction ID : PDTE42</b>	
Purpose of Expenditure Production & Pitch Infographic	Category/ Type <b>24A</b>	Office Sought: <input type="checkbox"/> House    State: <b>MA</b> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>266845.81</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Amount
Zip Code	MM / DD / YYYY	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>145580.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas Adams*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **09 / 26 / 2013**